




## Council Communication

**TO:** HONORABLE MAYOR AND COUNCILMEMBERS

**FROM:** LISA MAXWELL, DEPUTY TOWN CLERK 503-6867

**THROUGH:** CATHY TEMPLETON, TOWN CLERK 

**MEETING DATE:** AUGUST 1, 2013

**SUBJECT:** LIQUOR LICENSE – ISABEL’S

**STRATEGIC INITIATIVE:**

N/A

**LEGAL REVIEW**

☐ Complete

☒ N/A

**FINANCIAL REVIEW**

☐ Complete

☒ N/A

### RECOMMENDED MOTION

A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR ISABEL’S LOCATED AT 1464 EAST WILLIAMS FIELD ROAD, SUITE 101.

OR

A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR ISABEL’S LOCATED AT 1464 EAST WILLIAMS FIELD ROAD, SUITE 101 FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).

OR

A MOTION TO MAKE NO RECOMMENDATION ON A SERIES 12 RESTAURANT LIQUOR LICENSE FOR ISABEL’S LOCATED AT 1464 EAST WILLIAMS FIELD ROAD, SUITE 101 (A “NO RECOMMENDATION” MAY RESULT IN A HEARING; THE HEARING MAY BE CANCELLED IF THE BOARD OR AN AGGRIEVED PARTY DOES NOT REQUEST A HEARING).

## **BACKGROUND/DISCUSSION**

Timothy Scott Vasquez is requesting approval of a Series 12 Restaurant Liquor License for Isabel's located at 1464 East Williams Field Road, Suite 101. *This is a new license.*

A Series 12 Restaurant Liquor License allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food. *Series 12 licenses are exempt from the 300 foot distance requirement from a church, a school building with any grades K-12 or a fenced recreational area adjacent to a school building.*

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

## **FINANCIAL IMPACT**

The license fee is \$750 per year.

## **STAFF RECOMMENDATION**

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,



Lisa Maxwell  
Deputy Town Clerk

Attachments/Enclosures:

- Attachment 1 – Arizona Department of Liquor Licenses & Control,  
Rule R19-1-102
- Attachment 2 – Liquor License Application

# **Attachment 1**

## **R19-1-102. Granting a License for a Certain Location**

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.

\*13 JUL 8 Lic. Lic. #312

Arizona Department of Liquor Licenses and

800 West Washington, 5th  
Phoenix, Arizona 8500  
www.azliquor.gov  
602-542-5141

Section 4 was amended to correct the  
suite number

APPLICATION FOR LIQUOR L

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE  
☐ INTERIM PERMIT Complete Section 5  
☐ NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16  
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
Complete Sections 2, 3, 4, 11, 13, 15, 16  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
Complete Sections 2, 3, 4, 12, 13, 15, 16  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)  
☐ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. Complete Section 6  
☐ INDIVIDUAL Complete Section 6  
☐ PARTNERSHIP Complete Section 6  
☐ CORPORATION Complete Section 7  
☐ LIMITED LIABILITY CO. Complete Section 7  
☐ CLUB Complete Section 8  
☐ GOVERNMENT Complete Section 10  
☐ TRUST Complete Section 6  
☐ OTHER (Explain) \_\_\_\_\_

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): \_\_\_\_\_

2. Total fees attached: \$

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☒ Mr. VASQUEZ TIMOTHY SCOTT  
(Insert one name ONLY to appear on license) Last First Middle  
☐ Ms.  
2. Corp./Partnership/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)  
3. Business Name: \_\_\_\_\_  
(Exactly as it appears on the exterior of premises)  
4. Principal Street Location 1490 E William Field Rd #101 GILBERT MANICOR 85295  
(Do not use PO Box Number) City County Zip  
5. Business Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO  
7. Mailing Address: \_\_\_\_\_  
City State Zip  
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: Application Interim Permit Site Inspection Finger Prints \$ TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☐ YES ☐ NO

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Lic. # \_\_\_\_\_

# Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona

www.azliquor.

602-542-514

See amended page

## APPLICATION FOR LIQUOR TYPE OR PRINT WITH INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

### SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE  
☐ INTERIM PERMIT **Complete Section 5**  
☒ NEW LICENSE **Complete Sections 2, 3, 4, 13, 14, 15, 16**  
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
**Complete Sections 2, 3, 4, 11, 13, 15, 16**  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
**Complete Sections 2, 3, 4, 12, 13, 15, 16**  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
**Complete Sections 2, 3, 4, 9, 13, 16** (fee not required)  
☐ GOVERNMENT **Complete Sections 2, 3, 4, 10, 13, 15, 16**

### SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. **Complete Section 6**  
☐ INDIVIDUAL **Complete Section 6**  
☐ PARTNERSHIP **Complete Section 6**  
☒ CORPORATION **Complete Section 7**  
☐ LIMITED LIABILITY CO. **Complete Section 7**  
☐ CLUB **Complete Section 8**  
☐ GOVERNMENT **Complete Section 10**  
☐ TRUST **Complete Section 6**  
☐ OTHER (Explain)

### SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): Series 12

2. Total fees attached:

Department Use Only  
 \$ 150.00

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

### SECTION 4 Applicant

1. Owner/Agent's Name: ☒ Mr. Vasquez Timothy Scott  
 (Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: Soneburros Inc.  
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Isabel's  
 (Exactly as it appears on the exterior of premises)

4. Principal Street Location: 1464 E. Williams Field Rd. Gilbert Maricopa 85295  
 (Do not use PO Box Number) City County Zip

5. Business Phone: 480-240-9399 Daytime Phone: 480-628-3251 Email: tinvasquez@cox.net

6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO

7. Mailing Address: 2727 W. Frye Rd #205 Chandler AZ 85295  
 City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

### DEPARTMENT USE ONLY

Fees: 100.00 Application 50.00 Interim Permit 50.00 Site Inspection / Finger Prints \$ 150.00  
**TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: AC Date: 6/20/2013 Lic. # 12079568

**SECTION 5** Interim Permit

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER  
(Print full name)  
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of \_\_\_\_\_ County of \_\_\_\_\_

X \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

**1. Individual:**

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

) Y R A S S E C E N F

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.**  
EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☒ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.  
☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Some burros INC 13 JUN 2014, 11:01 PM  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)  
2. Date Incorporated/Organized: October 1985 State where Incorporated/Organized: AZ  
3. AZ Corporation Commission File No.: 01796460 Date authorized to do business in AZ: 10/1985  
4. AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_  
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO  
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Varguez	Timothy	Scott	Director	518 E. Bridge way	Gilbert	AZ	85295
Varguez	George	CONS	Director	2508 E. Beahm St.	Chandler	AZ	85249
Varguez	May	Elizabeth	Director	2508 E. Beahm St.	Chandler	AZ	85249

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:
- | Last       | First    | Middle    | % Owned | Mailing Address   | City     | State | Zip   |
|------------|----------|-----------|---------|-------------------|----------|-------|-------|
| Varguez    | Timothy  | Scott     | 31      | 518 E. Bridge way | Gilbert  | AZ    | 85295 |
| Varguez    | George   | CONS      | 46      | 2508 E. Beahm St. | Chandler | AZ    | 85249 |
| Varguez    | May      | Elizabeth | 13      | 16450 S. 38th St. | Phoenix  | AZ    | 85048 |
| Costantini | Jennilyn |           | 10      | 744 E. Beahm St.  | Gilbert  | AZ    | 85295 |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners

## SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)  
2. Is club non-profit? ☐ YES ☐ NO  
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an Existing Bar or Liquor Store License.**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: \_\_\_\_\_  
(Other than business) Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER,  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_

Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)



**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)  
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: \_\_\_\_\_ ft. Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
2. Distance to nearest church: \_\_\_\_\_ ft. Name of church \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Capital Asset Management  
Address 3770 N. 7th St. Suite 100 Phoenix, AZ 85014  
City, State, Zip \_\_\_\_\_
- 4a. Monthly rental/lease rate \$ 3900 What is the remaining length of the lease 5 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ N/A or other balance of lease  
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 0.00  
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Mexican Food Restaurant

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:  
License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

**SECTION 14 Restaurant or hotel/motel license applicants:**

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO  
If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

TV  
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for inspection 90 days after filing your application, please request an extension in writing, specify why the extension is needed, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

TV  
applicant's initials

**SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

1. Check ALL boxes that apply to your business:  
☒ Entrances/Exits ☒ Liquor storage areas ☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO  
If yes, what is your estimated opening date? 10/1/13  
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor License and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

TV  
applicant's initials

4. In the diagram please show only the area where alcoholic liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

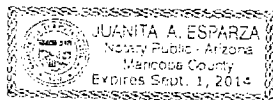
13 JUN 20 11:47 AM PM1239

See Attached

#### SECTION 16 Signature Block

I, Timothy Scott Vagner, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(signature of applicant listed in Section 4, Question 1)

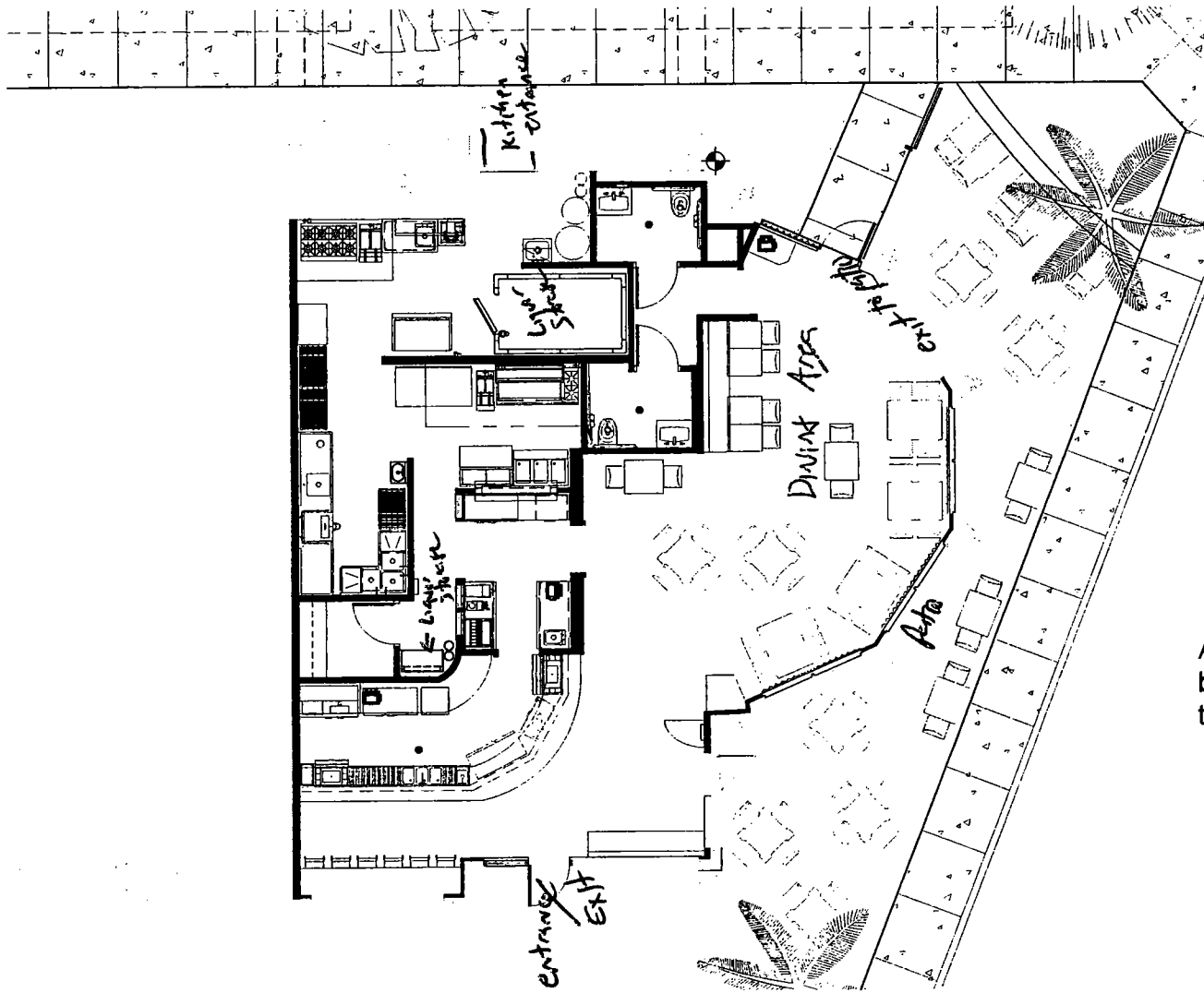


My commission expires on : \_\_\_\_\_  
Day Month Year

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

20 of June, 2011  
Day Month Year  
[Signature]  
signature of NOTARY PUBLIC



**NOTES**

EXHIBIT SQUARE FOOTAGE: 700 S.F.

*Interior 2100 sq ft*

Applicant is using the same layout as another business. The architect sent a drawing with the name of the other business.



**RICCOBONO'S - PATIO SEATING EXHIBIT**

GILBERT, AZ  
2013-05-15



13 JUN 20 14 PM 12:39

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

13 JUL 8 Liq. Lic. PM 3:12

800 W Washington St  
Phoenix AZ 85007  
(602) 542-5141

## QUESTIONNAIRE

Questionnaire amended to correct suite number

Attention all Local Governing Bodies: Social Security and Birthdate information must be blocked to be unreadable prior to posting for the purpose of background checks only or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

## Liquor License #

12079568  
(If the location is currently licensed)

1. Check appropriate box →

☐ Controlling Person☐ Agent

(Complete Questions 1-19)

Controlling Person or Agent must complete #21 for a Manager

☐ Manager (Only)(Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete # 21

2. Name: Costantino Termini  Date of Birth:  /  /   
Last First Middle (NOT a Public Record)

3. Social Security Number:  Drivers License #:  State:   
(NOT a public record) (NOT a public record)

4. Place of Birth:  City  State  Country (not county) Height:  Weight:  Eyes:  Hair:

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

6. Name of Current or Most Recent Spouse:  Date of Birth:  /  /   
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state?  If Arizona, date of residency:

8. Telephone number to contact you during business hours for any questions regarding this document.

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises:  Premises Phone:

11. Physical Location of Licensed Premises Address: 1490 E William Field Rd #101 Gilbert AZ 85295  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 13

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

April 16, 2012

AMENDMENT

**ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL**

13 JUL 8 Lic. Lic. # 312

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

**QUESTIONNAIRE**

**Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.**

**Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers  
could result in criminal prosecution and the denial or subsequent revocation of a license or permit.**

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

**Liquor License #**

12079568  
(If the location is currently licensed)

1. Check appropriate box →	<input type="checkbox"/> Controlling Person <input type="checkbox"/> Agent (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	<input type="checkbox"/> Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21
----------------------------	---	---

2. Name: VAGUER Nary Elizabeth Date of Birth: 1/1/1  
Last First Middle (NOT a Public Record)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
(NOT a public record) (NOT a public record)

4. Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

6. Name of Current or Most Recent Spouse: \_\_\_\_\_ Date of Birth: 1/1/1  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? \_\_\_\_\_ If Arizona, date of residency: \_\_\_\_\_

8. Telephone number to contact you during business hours for any questions regarding this document. \_\_\_\_\_

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: \_\_\_\_\_ Premises Phone: \_\_\_\_\_

11. Physical Location of Licensed Premises Address: 1490 E William Field Rd #101 Gilbert AZ 85295  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

\*13 JUL 8 147. Lic. PM 3:12

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5144

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**Liquor License #**

**The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.**

**Liquor License #**

(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager  
Controlling Person or Agent must complete # 21
2. Name: Vassura George Cons Date of Birth: 1/1/1  
Last First Middle (NOT a Public Record)
3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
(NOT a public record) (NOT a public record)
4. Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)
5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
6. Name of Current or Most Recent Spouse: \_\_\_\_\_ Date of Birth: 1/1/1  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)
7. You are a bona fide resident of what state? \_\_\_\_\_ If Arizona, date of residency: \_\_\_\_\_
8. Telephone number to contact you during business hours for any questions regarding this document. \_\_\_\_\_
9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.
10. Name of Licensed Premises: \_\_\_\_\_ Premises Phone: \_\_\_\_\_
11. Physical Location of Licensed Premises Address: 1490 E William Field Rd #101 Gilbert Arizona 85295  
Street Address (Do not use PO Box #) City County Zip

**12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.**

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

- 13. Indicate your residence address for the last five (5) years:**

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

# AMENDMENT

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

13 JUL 8 Lic. Lic. PM 3:12

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

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Liquor License #

12079568  
(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager
2. Name: Vazquez Amey Elizabeth Date of Birth: / / /  
Last First Middle (NOT a Public Record)
3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
(NOT a public record) (NOT a public record)
4. Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)
5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
6. Name of Current or Most Recent Spouse: \_\_\_\_\_ Date of Birth: / / /  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)
7. You are a bona fide resident of what state? \_\_\_\_\_ If Arizona, date of residency: \_\_\_\_\_
8. Telephone number to contact you during business hours for any questions regarding this document. \_\_\_\_\_
9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.
10. Name of Licensed Premises: \_\_\_\_\_ Premises Phone: \_\_\_\_\_
11. Physical Location of Licensed Premises Address: 1490 E William Field Rd #101 Gilbert AZ 85295  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					



# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

13 JUL 8 Lic. Lic. PM 3:12

800 W. Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

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Liquor License #

12079568  
(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person ☐ Agent ☐ Manager (Only)  
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Vazquez Timothy Scott Date of Birth: 1/1/1  
Last First Middle (NOT a Public Record)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
(NOT a public record) (NOT a public record)

4. Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

6. Name of Current or Most Recent Spouse: \_\_\_\_\_ Date of Birth: 1/1/1  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

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FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					